

The final Exchange rules provides detailed guidance on special enrollment periods. The text below is taken from Section 155.420 of the Final Exchange Rules.

Special enrollment periods. The Exchange must allow qualified individuals and enrollees to enroll in or change from one QHP to another as a result of the following triggering events:

1. A qualified individual or dependent loses minimum essential coverage; (Note: Loss of coverage does not include termination or loss due to: Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or Situations allowing for a rescission)
2. A qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption or placement for adoption;
3. An individual, who was not previously a citizen, national, or lawfully present individual gains such status;
4. A qualified individual's enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Exchange or HHS, or its instrumentalities as evaluated and determined by the Exchange. In such cases, the Exchange may take such action as may be necessary to correct or eliminate the effects of such error, misrepresentation, or inaction;
5. An enrollee adequately demonstrates to the Exchange that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee;
6. An individual is determined newly eligible or newly ineligible for advance payments of the premium tax credit or has a change in eligibility for cost-sharing reductions, regardless of whether such individual is already enrolled in a QHP. The Exchange must permit individuals whose existing coverage through an eligible employer sponsored plan will no longer be affordable or provide minimum value for his or her employer's upcoming plan year to access this special enrollment period prior to the end of his or her coverage through such eligible employer-sponsored plan;
7. A qualified individual or enrollee gains access to new QHPs as a result of a permanent move;
8. An Indian, as defined by section 4 of the Indian Health Care Improvement Act, may enroll in a QHP or change from one QHP to another one time per month; and
9. A qualified individual or enrollee demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide.

Questions for carriers:

1. Are there any additional special enrollments, not captured in the federal regulations that the Exchange should consider?
2. After a birth of a child or other addition, how long does the individual have to notify you of the additional family member? Is this the same for all special enrollments/disenrollments?
3. How do you envision reporting changes in tobacco use? Are there any restrictions you think should be placed on reporting tobacco use changes?
4. Currently, when someone is enrolled erroneously, are there time limits for the error to be reported and resolved?
5. How do you anticipate receiving notification of a change as a result of a special enrollment period? Should these simply be incorporated into the same 834/820 files as standard enrollment/disenrollment?